



Application for Coverage

Under the Statewide General Permit for Biosolids Management

Version Date: February 1999

This form may be revised from time to time. Please check with the Ecology regional office in your area to ensure that this is the most recent version. The form is available on disk by request. If there is insufficient room on the form or you need to provide additional information, please include numbered or lettered attachments and reference them from the appropriate point in the application. We welcome suggestions for improvement.

Section A: Facility Information

Yes – check if the following statement applies

The facility described below is involved in biosolids treatment/management activities regulated under Chapter 173-308 WAC, and is applying for coverage under the General Permit for Biosolids Management to meet the permit requirements of that rule.

1. Facility Name: _____
2. Facility Address: _____
Street County State Zip Code
3. Facility Location: Section _____ Township _____ Range _____
Latitude _____ Longitude _____
4. Facility Operator: _____
5. Operator Address: _____
Street State Zip Code
6. Operator Telephone: (_____) _____ Fax (_____) _____
7. Operator e-mail (if available) _____
8. Billing Address: _____
Street or P.O. Box State Zip Code

Check all boxes that apply in each of the following sections.

9. Ownership Status: Name of Owner: _____

- Federal
- State
- Local (County or city)
- Special District
- Public
- Private
- Other _____

10. Is the facility or any associated management or application site(s) on:

- Federal Land
- Indian Land

If yes, explain: _____

11. Facility Type:

- Sewage Treatment Plant
 - Class I (facilities with industrial pretreatment programs or designated as Class I)
 - Wet-weather design flow equal to or greater than 1 million gallons per day
 - Serves 10,000 people or more
 - Design flow less than 1 million gallons per day and serves less than 10,000 people
- Compost Facility
- Septage Management Facility
- Beneficial Use Facility

12. What is the capacity of your facility?

Sewage treatment plants specify wet-weather design flow in million gallons per day _____
Other facilities specify or estimate capacity (explain if necessary) _____

13. You must include the following with your permit application:

- a) A vicinity map extending one mile around the perimeter of the facility showing the location and means of access.
- b) A vicinity map (as described above) for any associated treatment or storage facilities.

Section B: Permit Information

1. Water Quality Permits

- Clean Water Act
 - National Pollutant Discharge Elimination System Program:
 - Wastewater Discharge Permit - Permit # _____
 - Stormwater Permit - Permit # _____
 - Dredge or Fill Permit(s)/Section 404
Permit #(s) _____
- Ocean Dumping Permit(s)/Marine Protection, Research, and Sanctuaries Act
Permit #(s) _____
- State Waste Discharge Permit
Permit # _____
- Underground Injection Control Program/Safe Drinking Water Act
Permit # _____
- Other _____
Permit # _____

2. Other Environmental Permits

- Hazardous Waste Management Program/Resource Conservation Recovery Act
Permit # _____
- Clean Air Act:
 - Prevention of Significant Deterioration Program - permit # _____
 - Nonattainment Program - permit # _____
 - National Emission Standards for Hazardous Pollutants Preconstruction Approval
Approval # _____
- Other _____
Permit # _____

3. Local Solid Waste Permits:

a)

Permit(s) **current** as of March 21, 1998: (include only if site is to be used again for application of non-exceptional quality biosolids under this general permit).

Permit #(s): _____

Issued by: _____

Issue Date: _____

Expiration Date: _____

Permit(s) **current** as of March 21, 1998: (include only if site is to be used again for application of non-exceptional quality biosolids under this general permit).

Permit #(s): _____

Issued by: _____

Issue Date: _____

Expiration Date: _____

b)

Permit(s) **expired** before March 21, 1998 (include only if site is to be used again for application of non-exceptional quality biosolids under this general permit).

Permit #(s): _____

Issued by: _____

Issue Date: _____

Expiration Date: _____

Permit(s) **expired** before March 21, 1998 (include only if site is to be used again for application of non-exceptional quality biosolids under this general permit).

Permit #(s): _____

Issued by: _____

Issue Date: _____

Expiration Date: _____

Section C: Facility Operations

1. Sewage Treatment Facility:

a) Pre-treatment

Settling basins

Screening

Grinding

Other _____

b) Activated Sludge

- Normal activated
- Fine bubble
- Pure oxygen activated
- Sequential batch reactors
- Oxidation ditch
- Carrousel
- Other _____

c) Fixed Film

- K.S. loaded trickling filters
- Block media high air
- Rotating biological contactors
- Plastic media
- Ordinary stones
- Recirculating gravel filters
- Other _____

d) Lagoons

- Without aeration or recirculation
- Aerated without recirculation
- Aerated with recirculation
- Aerated settled
- Biolac system
- Other _____

e) Digestion

- Aerobic
- Mixed aerobic/anaerobic
- Anaerobic
- Thermophilic
- Other _____

f) Biosolids Treatment/Management

- Drying beds
- Belt-filter presses
- Centrifuge
- Composting
- Bagging
- Alkaline stabilization
- Polymer
- Heat Drying
- Heat Treatment
- Irradiation
- Pasteurization
- Other _____

2. Septage Management Facilities

- Composting
- Aeration
- Screening
- Grinding
- pH adjustment
- Other
- None

3. Discuss any seasonal or operational variations that affect either the quality or the quantity of biosolids/septage that is generated or managed:

6. Typical Biosolids constituent concentrations (not applicable to septage):

- Average calculated from previous year's data.
- Concentrations based on most recent data.
- Other _____

Constituent level in ppm (dry weight basis):

Arsenic	_____	Nitrate Nitrogen	_____
Cadmium	_____	Ammonia Nitrogen	_____
Copper	_____	Total Kjeldahl Nitrogen	_____
Lead	_____	Phosphate	_____
Mercury	_____		
Molybdenum	_____	% Total solids	_____
Nickel	_____	% Volatile solids (% of total)	_____
Selenium	_____	pH	_____
Zinc	_____		

7. Indicate pathogen reduction class and alternative employed (See WAC 173-308-170). **Note: All Class A alternatives require sampling and analysis.**

- Class A – Alternative 1 *Time and temperature*
- Class A – Alternative 2 *Alkaline stabilization*
- Class A – Alternative 3 *Process verification*
- Class A – Alternative 4 *Batch verification*
- Class A – Alternative 5 *Process to Further Reduce Pathogens*
- Class A – Alternative 6 *Equivalency determination*
- Class B – Alternative 1 *Seven samples*
- Class B – Alternative 2 *Process to Significantly Reduce Pathogens*
- Class B – Alternative 3 *Equivalency determination*
- Does not meet pathogen reduction requirements. If not, explain:

8. Vector attraction reduction achieved by (see WAC 173-308-180 and 210(3), 220(3), 230(3), 240(3), and 270(4)):

- 38% volatile solids reduction, or
- Bench test
- Aerobic process with SOUR test
- Aerobic treatment meeting time/temperature
- pH adjustment
- 75% or greater solids content for biosolids containing only stabilized solids
- 90% or greater solids content for biosolids containing any unstabilized solids
- Injection below the surface of the ground
- Incorporation after application

9. You must submit the following data with your permit application:

- Biosolids monitoring data (*submit all available data for last two years*)
- Soils at application site (*submit only if biosolids are not exceptional quality [see definition in WAC 173-308-080] and the site is to be used again. Include this information with an appended site specific plan.*)
- Surface and groundwater monitoring data (*submit only if biosolids are not exceptional quality [see definition in WAC 173-308-080] and the site is to be used again. Include with an appended site specific plan.*)

You may provide your data in the following forms:

- As an attachment to this application.
- Compiled in annual reports completed and submitted with this application
- Include any site specific data with a related Site Specific Land Application Plan

10. Do you currently transfer any biosolids to another facility for further treatment?

- Yes No

If yes, provide: (attach additional sheets if more than one)

Name of the facility: _____

Address: _____

Operator Name _____
Street City State Zip Code

Operator Phone Number () _____

Name of the facility/site: _____

Street City State Zip Code

Name of the facility/site: _____

Street City State Zip Code

Name of the facility/site: _____

Street City State Zip Code

3. Indicate land types or management scenarios you use, and the amount of biosolids (dry tons) in each category during the last calendar year:

- Bulk to agricultural land _____ (total dry tons for all agricultural land types)
 - Food crop _____ (subtotal)
 - Feed crop _____ (subtotal of agricultural land; total for feed crops)
 - Range land _____ (subtotal for feed crops)
 - Pasture _____ (subtotal for feed crops)
 - Fiber crop _____ (subtotal)
- Bulk to forest land _____ (total to forest land)
- Bulk to public contact site _____ (total to public contact sites)
- Bulk to land reclamation site _____ (total to land reclamation sites)
- Bulk to lawn or home garden _____ (total to lawns or home gardens)
- Sold or given away in a bag or other container _____ (total in bags or other containers)
- Bulk sold or given away to another person who prepares for application to the land _____ (total)
- Bulk sold or given away to another party for application to the land (total) _____ (total)

4. Total sold, given away, or applied to the land during the previous calendar year (dry tons) _____

Section F: Land Application Plans (not required for EQ biosolids unless otherwise specified)

You must attach a site specific land application plan for each site where you are presently applying or are proposing to apply non-exceptional quality biosolids to the land.

1. Are all land application sites currently planned for use identified in an attached site specific land application plan?:
 - Yes No If no, a site specific land application plan must be submitted before biosolids can be applied
2. If no to 1 above, a General Land Application Plan is required with this application to secure the right to propose new sites at a later date. *(continued on next page)*

Sites proposed at a later date must also satisfy SEPA and public notice requirements.

See Appendices 1 & 2 for contents of site specific and general land application plans.

3. Facilities not providing a land application plan for their exceptional quality biosolids must provide a management contingency plan with this application addressing how they will manage their biosolids in the event they fail exceptional quality standards.

Section G: Facility Sampling Plan

1. Does your facility have a Biosolids Sampling Plan?

Yes No

- a) If yes, submit a copy with this application.
- b) If no, explain how your sampling is done:

- c) No sampling is done.

Section H: Landfill Disposal of Biosolids

1. Do you currently dispose or do you plan to dispose of any biosolids or sewage sludge in a landfill on other than an emergency basis?

Yes No

If yes,

Disposal is a temporary management option which will not exceed five years in length

You must cooperate with the department and local health department to develop a plan per Section 3.3.1 of the general permit

Disposal is planned as a long-term management option

You must contact the department.

2. Approximate quantities to be disposed (in dry tons) _____

3. Do you have Jurisdictional Health Authority (JHA) approval for disposal?

Yes No

If yes, name(s) of JHA:

Name of the landfill _____

City/County _____

Address _____

Section I: SEPA and Public Notice

1. Has SEPA been completed for the purpose of obtaining coverage under this General Permit?

Yes No

2. Are you relying on any previous SEPA actions for the purpose of complying with the SEPA requirements of this permit?

Yes No

If yes, describe:

3. Has SEPA been completed for all application sites identified in this application?

Yes No

If no, explain:

4. Provide a copy of all relevant SEPA threshold determinations. Be sure the date of the determination is provided and the lead agency is identified.

5. Has public notice been completed for this permit application (as required in WAC 173-308-310(11)):

Yes No

If yes, attach copies of the public notice. *(continued on next page)*

If no, explain: _____

6. Are any local permits required for your facility or for the biosolids application sites?

Yes No

If yes, list here or describe in attached Site Specific Land Application Plan(s):

Section J: Attachment Checklist

Please check boxes to indicate any attachments you are including with your permit application.

- Land Application Plan(s):
 - Site Specific
 - General
- Contingency Plan for EQ Biosolids
- Facility Biosolids Sampling Plan
- Data
- Maps
- Treatment Plant Schematic
- Copy(ies) of SEPA Determination
- Copy(ies) of Public Notice(s)
- Temporary disposal plan
- Other (list all): _____

Section K: Appendices

1. Contents of Site Specific Land Application Plans
2. Contents of General Land Application Plans

Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature _____ **Date** _____

Title _____

Submitting Your Permit Application

You must submit copies of your permit application as follows:

- 1) The original application to the biosolids coordinator at the headquarters office of the Department of Ecology;
- 2) One copy to each regional office of the Department of Ecology where biosolids will be treated or applied to the land;
- 3) One copy to the local health department in each county where biosolids will be treated, stored, applied to the land, or disposed in a municipal solid waste landfill. If the health department has made a written request to the department that they do not wish to receive copies of the permit application, you are not required to submit a copy to that health department.

Central Regional Office (509) 575-2490

15 west Yakima Avenue, Suite 200
Yakima, WA 98902-3401
Attention: Biosolids Coordinator

Eastern Regional Office (509) 456-2926

N. 4601 Monroe, Suite 100
Spokane, WA 99205-1295
Attention: Biosolids Coordinator

Northwest Regional Office (206) 649-7000

3190 - 160th Avenue S.E.
Bellevue, WA 98008-5452
Attention: Biosolids Coordinator

Southwest Regional Office (360) 407-6300

P O Box 47775
Olympia, WA 98504-7775
Attention: Biosolids Coordinator

Appendix 1

Contents of Site Specific Land Application Plans – (see Section 5.4 of the general permit)

A site specific land application plan is required for every site where non-exceptional quality biosolids are applied to the land.

Site specific land application plan(s) must provide information necessary to determine if a site is appropriate for land application of biosolids. Your site specific land application plan(s) must provide a description of how the site(s) will be managed and, at a minimum, the following information:

- (1) Whether or not it is known or can be determined that biosolids containing pollutants in excess of the values in Table 3 of Appendix 1 of this permit have ever been applied to the site, and if so:
 - The date(s) when the biosolids were applied (if known);
 - The amount of biosolids applied (if known);
 - The concentration of pollutants in the biosolids (if known);
 - The area(s) of the site to which biosolids were applied (if known);
- (2) A discussion of the types of crops grown or expected to be grown, their intended end use (e.g. pasture grass for a feed crop, corn as a food crop), and the current distribution of crops on the site;
- (3) An explanation of how agronomic rates will be determined during the life of the site along with any currently available calculations. Whenever agronomic rates are determined or conditions change (i.e. a change in crops or agronomic rates) an update of the agronomic rate calculations must be filed with the department;
- (4) Method(s) of application;
- (5) Seasonal and daily timing of biosolids applications;
- (6) Any available data from soils, surface water, or ground water monitoring collected from the site within the last two years, and any proposed new monitoring or continuation of existing monitoring programs;
- (7) The name of the county and water resource inventory area where biosolids will be applied;
- (8) A description of how biosolids will be stored at the site and also addressing related off-site storage;
- (9) Site map(s) showing:
 - The means of access to the facility and location by street address if applicable; a copy of the assessor's plat map(s) with the application area(s) clearly shown or the latitude and longitude of the approximate center of each land application site, and other means of identifying the location as appropriate and available;
 - The number of acres in the site;

- Location and extent of any wetlands on the site;
 - A topographic relief of the application site and surrounding area;
 - Adjacent properties and uses and their zoning classification;
 - Any seasonal surface water bodies located on the site or perennial surface water bodies within 1/4 mile of the site;
 - The location of any wells within 1/4 mile of the site that are listed in public records or otherwise known to you, whether for domestic, irrigation, or other purposes;
 - The width of buffer zones to surface waters, property boundaries and other features requiring buffers;
 - The presence and extent of any threatened or endangered species or related critical habitat.
 - The location of any critical areas on site, as required to be identified under Chapter 36.70A RCW in the county's growth management plan;
 - Any portion of the site that falls within a wellhead protection area;
 - Any portion of the site that falls within an area included under a local Shoreline Master Program;
 - The location and size of any areas which will be used to store biosolids.
- (10) If the seasonal groundwater is three feet or less below the surface, a management plan describing how you will protect groundwater. For example, your plan may limit applications to the time of year when groundwater is receding to less than three feet and growing vegetation will use the nitrogen in the biosolids.
- (11) A description of how access to the site will be restricted (i.e. signs posted around the site or other approved method of access restriction).
- (12) Written approval of the landowner when bulk biosolids which do not meet standards for exceptional quality biosolids will be applied to the land. See section 8.4(1) of the general permit.

Appendix 2

Contents of General Land Application Plans (See section 5.5 of the general permit).

A general land application plan is required when all biosolids sites are not identified in the permit application submitted for coverage under this general permit. Your general land application plan, at a minimum, must:

- (1) Describe the geographical area covered by the plan, including the names of all counties and water resource inventory areas where biosolids will be applied;
- (2) Identify site selection criteria;
- (3) Describe how sites will be managed;
- (4) Provide for advance notice to the department or local health department of new or expanded land application sites. The advance notice must be at least 30 days, to allow time for the department (or health department) to object prior to the biosolids applications; and
- (5) Provide for advance public notice as specified in WAC 173-308-310(11).